

**OFFICE OF BACKGROUND INVESTIGATIONS (OBI)  
REQUEST FOR CRIMINAL BACKGROUND INVESTIGATION**

**FOR EMPLOYEES, VOLUNTEERS AND SERVICE PROVIDERS  
AFFILIATED WITH CHILDREN'S RESIDENTIAL FACILITIES**

**MAIL REQUEST FORM, 1 FINGERPRINT CARD AND FEE TO:**

**DATE RECEIVED IN (OBI)**

**OFFICE OF BACKGROUND INVESTIGATIONS (OBI)  
7 North Eighth Street, 3<sup>rd</sup> Floor  
RICHMOND, VA 23219**

**CONTACT INFORMATION:**

Angela Pearson: (804) 726-7099  
Marilyn Suber: (804) 726-7092  
**FAX:** (804) 726-7095  
**E-MAIL:** [backgrounds@dss.virginia.gov](mailto:backgrounds@dss.virginia.gov)  
**WEB PAGE:** <http://www.dss.virginia.gov>



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**PERSONAL DATA:**

1. LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LIST ALL OTHER NAMES CURRENTLY OR PREVIOUSLY USED (MAIDEN/ FORMER MARRIED/RELIGIOUS, ETC.):  
(ANY NAMES LISTED BELOW SHOULD ALSO BE SHOWN IN THE ALIASES SECTION OF THE FINGERPRINT CARDS)

\_\_\_\_\_

2. SOCIAL SECURITY #: \_\_\_\_\_ 3. DATE OF BIRTH: \_\_\_\_\_ 4. GENDER: \_\_\_\_\_ 5. RACE: \_\_\_\_\_ 6. STATE/COUNTRY OF BIRTH: \_\_\_\_\_

7. **STATUS:** (Circle One)

Applicant      Volunteer

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**FACILITY DATA:**

1. FACILITY NAME/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. a. REGULATORY AGENCY: (Circle Applicable One(s))  
Social Services    Education    Mental Health

b. FACILITY ID NUMBER: \_\_\_\_\_

3. FACILITY CONTACT PERSON: \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Print Facility Representative's Name & Title \_\_\_\_\_

4. TELEPHONE NUMBER: \_\_\_\_\_ 5. DATE OF REQUEST: \_\_\_\_\_